



## 2016 - 2017 STUDENT REFERRAL FORM

Please fill out **ONE REFERRAL FORM PER FAMILY** and email to **EPHYContact@washtenawisd.org** or fax to 734-994-8159.

### GENERAL INFORMATION

Date: \_\_\_\_\_

Referral Contact & School Building/Agency: \_\_\_\_\_

Referral Phone: \_\_\_\_\_ Referral Email: \_\_\_\_\_

Student's Name*	Gender	DOB	Grade	Special Education/IEP	School Where Currently Enrolled	Current School Year Start Date in Enrolled District
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Eval		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Eval		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Eval		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Eval		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Eval		

\*If family has more than 5 children, please fill out the section above on an additional sheet and turn in with referral.

Are the students living with parent/guardian? ☐ Yes ☐ No

If yes, parent/guardian's name: \_\_\_\_\_

Parent/Guardian Phone number: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

Student phone number: \_\_\_\_\_ Alt. contact number: \_\_\_\_\_

Student email: \_\_\_\_\_

If not enrolled, what school/district did the student(s) previously attend? \_\_\_\_\_



## NEEDS ASSESSMENT

Please Complete with Support of School Staff, Liason or Community Organization Staff

Service Needed	Preference/Sizes for Each Child					School to Provide	EPHY To Provide
	Child 1	Child 2	Child 3	Child 4	Child 5		
Backpack/School Supplies						<input type="checkbox"/>	<input type="checkbox"/>
Socks						<input type="checkbox"/>	<input type="checkbox"/>
Underwear						<input type="checkbox"/>	<input type="checkbox"/>
Toiletries						<input type="checkbox"/>	<input type="checkbox"/>
Enrollment Assistance						<input type="checkbox"/>	<input type="checkbox"/>
<b>Referrals to organizations that will provide:</b> <ul style="list-style-type: none"> <li>• Clothing</li> <li>• Housing</li> <li>• Food</li> <li>• Child Care Scholarship</li> <li>• Tutoring/Academic Support</li> <li>• Mental Health/Counseling</li> <li>• Health Insurance/Other</li> </ul>	<b>Additional Explanation of Referral Needs:</b>					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Free Lunch						<input type="checkbox"/>	
<b>TRANSPORTATION:</b> <b>Stop Gap Transportation- temporary transportation supported by The Education Project until long-term is coordinated by School, usually lasts 24-48 hours</b>	<input type="checkbox"/> Bus Tokens <input type="checkbox"/> Gas Card <input type="checkbox"/> Cab  If in need of gas card: year, make, and model of vehicle: _____						<input type="checkbox"/>

### SCHOOL STAFF COMPLETE

Has Long-term transportation been arranged? \_\_\_\_\_

Is free lunch being provided? \_\_\_\_\_

Have any of the above services been provided by the district? \_\_\_\_\_

Additional comments: \_\_\_\_\_

## TEMPORARY RESIDENCE STATEMENT

*This form helps determine eligibility under the federal McKinney-Vento Act.*

**Name of Student(s):** \_\_\_\_\_

**Name of Parent/Guardian/Caretaker (write NA if unavailable):** \_\_\_\_\_

**1. The student(s) temporarily stay(s) in one of the following situations:**

- ☐ Emergency shelter or transitional housing program
- ☐ Motel/hotel
- ☐ Shares housing (doubled up or "couch surfing") with family or friends **due to loss of housing, economic hardship or similar reasons** such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death.
- ☐ Substandard housing, campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, and bus or train stations; or abandoned in a hospital.
- ☐ Another situation that is not fixed, regular or adequate: \_\_\_\_\_

**2. The reason for this living situation is (CHOOSE ONE):**

- ☐ Unemployment    ☐ Evicted    ☐ Inadequate income    ☐ Fire/Natural disaster
- ☐ Kicked out    ☐ Family conflict    ☐ Unsafe conditions    ☐ Other: \_\_\_\_\_

**3. Since this date:** \_\_\_\_\_, I have lived in/stayed at this **temporary** address:

STREET	CITY	STATE	ZIP CODE
<b>Secondary/Alternative Address:</b>			

STREET	CITY	STATE	ZIP CODE
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**4. Please READ and initial each paragraph below and sign:**

I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution. \_\_\_\_\_

The Education Project staff respects a client's right to privacy. To ensure the best services possible and compliance with federal law and state grant data reporting requirements, I give permission to the Education Project staff to release and exchange information with school staff (i.e. the McKinney-Vento liaison, pupil accounting, school transportation staff, school social workers, counselors, etc.) as needed about the students listed above. I also give permission to the Education Project staff to release and exchange information with community agencies that are assisting the student(s) or are being asked to assist the student(s). This consent is voluntary and subject to revocation at any time. \_\_\_\_\_

I have received a copy of the student's rights under the McKinney Vento Act, an explanation of those rights and had my questions answered \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

# Know Your Rights

*This form MUST be given to every eligible family and unaccompanied youth.*

**\*McKinney-Vento Services are provided during the school year that the student qualifies. Each year, students must requalify to receive services.\***

**If you live temporarily in a shelter, motel, vehicle, campground, on the street, in abandoned buildings, or doubled up with relatives or friends, you are considered eligible for services under the McKinney-Vento Act. These students have the right to:**

- ▶ Continue in their “school of origin” (the school they last attended when permanently housed or the school they last attended), if that is your choice and it is feasible, or attend the neighborhood school where you are currently living.
- ▶ Receive transportation to the school of origin if requested.
- ▶ Immediately enroll and attend classes without providing a permanent address, past school or immunization records, proof of guardianship, etc. You still must fill out enrollment packets.
- ▶ Receive free lunch.
- ▶ Receive equal access to education and support services and if eligible, participate in before- and after-school activities.

**When receiving services from the Education Project, you can expect:**

- ▶ To be treated with dignity.
- ▶ To be treated as an individual with personalized needs.
- ▶ To have your privacy respected and protected.
- ▶ To be given a form to sign that gives our office permission to provide services and exchange information with schools and relevant community agencies.

**Services are enhanced when:**

- ▶ Phone calls are returned promptly.
- ▶ We are given advance notice of requests.

**It is your responsibility to:**

- ▶ Call the school when you’ll be absent.
- ▶ **Call your transportation contact when arranged transportation (i.e. a cab) is not needed.**
- ▶ Call us if you plan to move so we can help with any transition.
- ▶ Call us when your contact information changes.

**We want to hear from you if you think your rights have been violated or you have a complaint about Education Project services. Your services WILL NOT be impacted when you lodge a complaint.**

- ▶ Please call us and tell us your concern. We will work together on a solution. If your complaint is with a local school, we will follow district procedures to help resolve it.
- ▶ If you feel like your needs weren’t met, you will be put into contact with our Supervising Grant Director, who oversees our office.
- ▶ If we are unable to reach a resolution locally, we will advise how to file a written complain with the Michigan Department of Education.
- ▶ If a student is determined to be ineligible for McKinney-Vento Services, the school will provide a written explanation of the denial.

# The Education Project

The Education Project (EPHY) is a joint program of Ozone House and the Washtenaw Intermediate School District and works to ensure students in temporary living situations enroll, regularly attend and succeed in school. We serve students, ages 0-21, from the 9 school districts and thirteen public school academies in the county. Each school district and public school academy has a McKinney-Vento liaison and we work directly with them to provide supplemental services.

We are funded primarily through the federal McKinney-Vento Act, reauthorized in January of 2002. The Act guarantees that students in temporary living situations have equal access to the same free and appropriate public education provided to others.

## Eligibility

The federal McKinney-Vento Act considers individuals who lack a fixed, regular and adequate nighttime residence as homeless. This includes students living in the following situations:

- ▶ Emergency shelters/ transitional housing.
- ▶ Motels or hotels.
- ▶ Unsheltered or in substandard housing.
- ▶ Shared housing due to a loss of housing, economic hardship, safety concern, etc.
- ▶ living temporarily with a non-parent or guardian.

## Transportation

- ▶ Assist with transportation planning and provide funding for stop-gap transportation, based on availability.
- ▶ Provide transportation for parent involvement (performances, fieldtrips, sports, volunteering)

## Financial Assistance

- ▶ Assist students with a wide variety of school-related financial needs such as online classes, graduation, field trip and school activities.

## Services

### Referrals

- ▶ Connect students/families with medical/mental health services as requested.
- ▶ Assist with clothing resources.
- ▶ Link families to local housing resources.
- ▶ Links to local food pantries

### Personal Items

- ▶ School supplies and backpacks
- ▶ New socks and underwear
- ▶ Personal hygiene toiletries
- ▶ Coats, hats & gloves, when available

## Academic Support

- ▶ Pay for credit recovery classes.
- ▶ Help students make educational plans to graduate.
- ▶ Work to connect students to tutoring.
- ▶ Intervene to assist with truancy.
- ▶ Try to reconnect students who have dropped out.

## Advocacy

- ▶ Offer advocacy, technical support and guidance in matters involving school enrollment and other academic difficulties